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ABSTRACT

The use of paradoxical interventions and brief therapy interdictions with a population of emotionally disturbed adolescents (males and females ages 13-18) attending a semi-residential alternative school was investigated. Paradoxical interventions were made by the psychological staff for purposes of management and change of withdrawn, acting cut and phobic behaviors of the adolescents. The effectiveness of the technique and issues regarding special applications of the technique to this population were analyzed in terms of four case studies. Results indicated that over the course of a year the use of paradoxical interventicn strategies was extremely successful, but that in some instances it was not an effective technique with some adclescents. (Author)

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Paradox as an Intervention Strategy with Emotionally Disturbed Adolescents*

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The use of paradox as an intervention, or its more clinical application, symptom prescription, has been advocated as a powerful strategy to facilitate behavior change by a number of clinicians (Erickson in Haley, 1967; Frankel, 1963; Bateson et al., 1956; and Watzlawick, Weakland and Fisch, 1974), most notably those considered to be brief therapists. This method of intervention is thought to promote second order change in the most elegant and effective manner by embracing the idea that most human problems contain an element of inescapability. By asking the client to perform those behaviors engaged in, the clinician is often able to harness the force of the person's resistance to change and by doing so, allow for that change to take place. An individual, performing a symptom prescription will admit the inescapability of the behavior and not be concerned with its change. This may then allow them to be released from the resistance to change and change may occur.

Much of the literature on the use of paradox in clinical settings has been concerned with its application to adults and in some cases children. In this paper we would like to report on our efforts to use this type of intervention with a population of emotionally disturbed adolescents. This population presents two interesting new dimensions to the use of paradox; its use with adolescents and its use with the emotionally disturbed individual.

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Developmentally, adolescence is a time of incredible confusion and exploration. It also appears that it is a time of attempting to resist forces which develop in the environment which try to dictate appropriate behavior to the adolescent. This is frequently responsible for the rebelliousness apparent at some time in the behavior of most adolescents. It is believed that the stronger the rebelliousness, the stronger the commitment to a given behavior. This commitment should then allow for the use of symptom prescription and paradox. The more an adolescent refuses to change a behavior, the more effective the symptom prescription to continue or increase that behavior should be. Indeed, most adolescents are extremely energetic in their behavior when it is directed toward obtaining acknowledgement from the environment. In many cases this acknowledgement must come through the performance of "negative" behaviors.

Emotionally disturbed children and adolescents are usually labeled as such because they perform maladaptive emotional behavior, most usually of an extreme nature. It is this "extremeness" which makes them particularly appropriate for treatment by paradoxical intervention. The royal road to change in this case seems to be by using the personal force in the direction of the symptom rather than against it to begin the process of change. Once the process of change is begun and the person can begin to see that change, even from the extreme, is possible, this will foster additional changes in behavior. As most of the original behavior is in the negative direction to begin with, most change will be toward more positive

functioning (this may not be the first chosen behavior alternative, but in most cases seems to eventually appear). For emotionally disturbed populations, acting out behavior, passive aggression and withdrawal are among the most prevalent and, traditionally the most difficult to treat in terms of engendering any behavior change. This paper will describe the use of paradox in a setting with emotionally disturbed adolescents over a period of a year. The cases reported are real except for alterations used to assure the anonymity of the clients.

THE SETTING

The setting for this study was an alternative, semi-residential school in Virginia. Students, all labeled "emotionally disturbed", referred by their schools, attended the school and lived there Monday through Friday, returning home only on weekends. At the school they received a full day of academic work (mostly remedial) and after school and in the evenings participated in recreation and a therapeutic program. The therapeutic program was comprised of individual and group therapy provided by the psychology staff, (an advanced clinical psychology graduate student, a psychology intern and two clinical psychologist supervisors), and the construction of a general therapeutic milieu. This milieu was created by a simulated home situation where students lived in cottages with two houseparents and four to five other students. The houseparents were responsible for supervising the students in the evening and for providing support for the therapeutic program. The therapeutic program included; contracting for behavior change, recreation, individual therapy,

and group therapy. In addition, some liason was maintained with the referring school system and the parents were involved by the school system in the treatment of the child when they were willing. Paradoxical interventions were used by the psychology staff, under the supervision of one of the clinical psychologists and were employed in individual and group settings. In some cases the entire staff, including the teachers were aware of the interventions and in some cases they were not, in other words, they were just used by one of the psychology staff with the student.

THE POPULATION

The population was comprised of anywhere from eleven to sixteen emotionally disturbed adolescents between the ages of thirteen and seventeen. The major problems for which they had been referred were behavioral difficulties related to school (e.g. truancy, fighting, withdrawal). Behaviors were considered serious enough to exclude the adolescents from their regular school setting. The population was mixed males and females although throughout the year the males far outnumbered the females on campus.

THE CLINICAL INTERVENTIONS

The intervention program was ongoing. Behavioral contracts were established for all students and in addition, all students spent at least some of their time in a one-to-one group therapy setting with at least one of the staff in addition to the houseparents from their cottage.

Indications. The indications for the use of paradoxical interventions were the occurrence of any maladaptive behavior on the part of the adolescent which could be observed by the staff. Most frequently, general behaviors treated were truancy, fighting, disrespect for teachers, withdrawal and passive aggression.

Below are four typical interventions performed with a brief description of the case:

Brief Examples

Example #1. Fighting by Anti-Social 15-Year Old Boy

1. Problem (Target behaviors): A much larger and heavier 15 year-old boy, Willie, is constantly picking on a smaller 14 year-old boy, Richie, who is quite frail in comparison and who comes from a strict religious background that forbids fighting. There is a very real danger that Richie could be hurt badly and from the perspective of the overall school the fighting behavior and verbal abuse violates the first school rule (i.e., no "physical or verbal abuse").

2. Attempted Solutions: Teachers and administrators put the two in detention hall for breaking their contract (behavioral contract which involved the basic contingency that privileges will be granted if school rules are followed and taken away if school rules are violated).

3. Goal: The therapist's implicit goal or strategy was to decrease the fighting and verbal abuse behaviors and if possible have the boys become "friends," i.e. display friendly behaviors, e.g., joking around together, doing favors for each other, spending their free time together. The stated goal to the 2 boys was to "protect" each boy: a) "To give Willie and Richie the opportunity to break the school rule against verbal abuse and to some degree fighting without the usual negative consequences"; b) "To protect Willie from further punishments and possibly being expelled from school"; c) "To protect Richie from physical harm." The short range

unstated goal was to contain and supervise the fighting behavior and to force them to engage in it with the hope that they would resist the rule that they fight and take the payoff of breaking a school rule and the "fun of it" out of the behavior.

4. Intervention: The following contract was drawn up and followed for two weeks. "We the undersigned do hereby agree:

1) To show absolutely no friendly gesture, nor make any friendly comment to each other during our entire stay here.

2) To save up our anger at each other until the specified time we have set aside to verbally abuse and pick on each other. This is to take place in the presence of the staff (therapist drawing up contract and the house parents of each student). For agreeing to do the above, we will be granted an opportunity to:

1) "Be protected."

2) Be granted other privileges and/or benefits which the staff can provide or arrange through the school.

5. Outcome: Based on the observation of staff as well as verbal reports of the teachers, the 2 boys target behaviors decreased some but was not eliminated. Moreover, they demonstrated friendly behaviors along with the target behaviors. They also evidenced dislike of having to engage in the target behaviors.

Example #2: A Hostile 15-Year Old Girl

1. Problem (Target Behaviors): Judy is a 15 year-old female given to promiscuous behavior and frequent fighting (she could beat up some of the males at the school). A new girl was expected to come to the school and she would stay in Judy's cabin. Judy was very defensive about the girl's coming even though she was being assured by her friends that the girl was nice. Judy was loudly stating, "she better not step on my side of the cabin; if she jumps in my shit, I'll knock the hell out of her."

2. Attempted Solutions: Friends shared with Judy that it would be better if she were nice to the new girl. Judy's house-parents tried to convince her during the cabin group meeting that it would be better to be nice. The more they tried to convince her, the more she loudly stated her determination to tell the new girl "where to get off."

3. Goal: The therapist wanted Judy to be less defensive around the new girl and more friendly -- this was the stated goal.

4. Intervention: The therapist conveyed that it would really be great if Judy could be nice to the new girl but he suggested that "it was not likely to happen." Instead, the therapist went on to exaggerate the defensive behavior Judy said she was going to greet her with. The therapist gave examples of what he expected would happen. (e.g. "She'll walk in the cabin and say 'Hi, my name is Gladys, which bed is mine." Then you will probably say 'You calling me a bitch girl' and then you will go after her and hit her showing her who's boss). The therapist said he really hoped she would be nice

to the new girl, but didn't expect that she could. The therapist also told the houseparents to stop trying to convince her to be nice.

5. Outcome: Judy was friendly to the new girl and was seen with her more than anyone.

Example #3: A Withdrawing, Dependent 16 Year Old Girl

1. Problem (Target Behaviors); Julie, a 16 year old female whose behavioral style could be basically described as hysterical, was being prepared to return to regular school. She had made gains in her social-emotional adjustment. However, she continued to constantly seek out one of four men on the staff to talk to about what was often perceived as "pseudo problems." Since these men would not be available after she returned to regular school, the staff wanted her to become more self-sufficient and to make use of peers and women to help her with her "problems." Essentially, she was seen as constantly seeking male attention, particularly male authority figures, e.g., the principal, the assistant principal, and the two psychologists.

2. Attempted Solutions: One of the psychologists and the two principals tried to ignore her and make themselves unavailable. She was directed to talk to her two houseparents who were females. She was told that she would be going back to regular school and would not be able to talk to the men at the program she usually discussed her problems with. The result was that she developed most of the problems around how these males treated her.

3. Goals: The stated goal was to help her become more aware of how capable she was to solve her own problems and to find other things to talk about to the four males on the staff she talked to most. In addition, the goal was to help her find an alternative to the current problem solving behavior she utilized of primarily getting these men to solve it for her. However, it was stated to her that

she should always keep the current problem solving behavior as an alternative since she was so good at it.

4. The Intervention: Julie's target behaviors were complemented in the presence of one of the principals. Since she had complained about how he was treating her, the therapist had the two of them sit down and discuss the problem. The agreement made was that Julie would try coming to one of the four males she usually talked to only after she had gathered a number of alternative solutions regarding a given problem. Then she could ask for help in deciding which solution was best. She was cautioned, however, that she should not abandon her other strategy even though all the males she typically talked to about her problems did not like her using them to solve the problems. Julie was urged to keep that as an option since she was so good at getting others to solve her problems for her. After all, why should she change this? She could not only get others to do all the work but she could blame them if it did not work out as she wanted. After all they came up with the solution.

5. Outcome: Julie argued in the session with the therapist about abandoning her way of getting others to solve her problems, claiming that she wanted to stop doing that altogether. The therapist argued that she should keep it as an option and not give it up entirely since she did it so well. As a result, Julie's talking to the male authority figures decreased and she rarely brought a problem to them to discuss. She appeared to discuss her problems with others less, and when she did she utilized female peers and her female houseparents.

Example #4: A 17 Year Old Truant

1. Problem (Target Behavior): Jack, a 17 year old male who established himself as the school "bully" refused to return to school. He claimed that there were too many rules and he felt too much pressure. In therapy, he had made good progress and the therapist was about to get into a very loaded issue for Jack, viz., the sudden death of his father when he was 11 years old. Despite a pending court order to return, he would not.

2. Attempted Solution: School officials had offered Jack the chance to come to school and go to no classes. Jack would be able to do whatever he wanted and attend classes whenever he felt ready. His mother and school personnel pleaded with him. Finally, they filed a court order. There was a big blow-up at his house and his mother, at her wit's end, called the school for help.

3. Goal: The goal was to get Jack to return to school but not at any cost as school officials had conveyed. The therapist felt that he should bring out the key issue that had up until that point not been discussed with Jack, namely, his father's death. Furthermore, once he was back, Jack would have to agree to see the therapist at least once a week and he would have to attend classes.

4. The Intervention: The therapist's strategy was to use the positive relationship that he had with Jack. He went to his house and talked to Jack and his mother. The therapist moved from the sofa and sat in front of the fireplace so that he could see both of them, and so that the therapist would not appear to be taking sides. Generally, the strategy involved doing the opposite of the

school personnel. The overall context was that the therapist would apologize for failing Jack and convey that he was doubtful that he could make it at the school.

Ther: I am sorry Jack that I really let you down. I didn't know you were so sensitive and I wasn't sensitive enough to your needs. I think of myself as a sensitive person but I blew it!

Jack: It wasn't your fault.

Ther: I really failed you man, I let you down. I was too hard on you. See, I didn't realize until too late that you lost your father. You don't have to talk about that. It's too painful for both of you, I'm sure.

Moth: It has been difficult for Jack, he was close to his father.

Ther: You don't need to talk about it I know it must be painful for you. I don't like to read a person's school folder, I prefer to get to know them myself only in your case I should have read it so that I could have been less demanding of you. After all you have had it more difficult in your life, a lot more difficult than anyone else over there. I'm sure you want to stay home because it's safe.

Moth: It's familiar for Jack and more comfortable.

Ther: I bet (looking at the mother) it is nice to have him around the house and that his being here satisfies some of your needs to have a man around the house. Jack, I bet you like being the man around the house.

Moth: It does help but honestly we've been at each others' throats.

Ther: (Interrupting) Of course, Jack probably resents your needing him at home when he is trying to grow up and become his own man. And surely, you want this for him as his mother, but you've really had it.

Jack: It wasn't your fault,(looking at the therapist) man, you are the only reason I stayed at school.

Ther: (to Mother) I'd like to have a second chance with Jack, but I am not sure I really deserve it. It is very painful for Jack there at the school. I'd do all I could to help him but I want to be cautious about having him return. I'd hate to have him go back and feel all those rotten feelings he felt when he was out there before.

Jack: I'd like to go back.... and.... and... see some of my friends.

Ther: I don't know, you might get all of those bad feelings and I have not only you to think about, but the other guys. You are the kind if guy who, rather than crying or getting sad when you feel bad, would fight people and tear up buildings. I don't know?

Moth: The principal said it would be okay for him to go back, and the school board.

Ther: If you return, Jack, we'd have to get together pretty often, at least one hour a week and we'd have to talk about your feelings about losing your father. I think that would be too painful for you, even though it would be like a runner who has to get in shape, the immediate pain you'd feel would only pay off in the long run.

5. Outcome: Jack returned to school with the therapist in his car that evening. On the ride back, Jack opened up and spoke about his father. That night, back at the school things went well and Jack seemed quite calm and able to be there. Unfortunately, he had to go home the

next day to face a court appearance concerning a drunk and disorderly charge that he had incurred while he was staying at home. He was sentenced to a short jail term and school officials who were there said that he pleaded with the judge to let him return to school (which they did).

Contraindications. Paradoxical interventions seemed contraindicated in two situations. The first contraindications was when no relationship as yet existed between the therapist and the client. It often took a number of weeks or months to establish enough of a relationship to begin to use these interventions. Frequently contact was made through some recreation activity (in this case it was often basketball). Although there were times when no relationship existed with the students, some relationship either positive or negative (usually positive) was formed during the course of the school year with all but one or two students.

A second contraindication was use of paradox with students who engaged in frequent perceptual distortion. In the case of those students who were considered to be psychotic, these interventions were difficult.

It is also important, that although, in some cases the uses of paradox seem so eloquently simple, this intervention technique should not be used cavalierly without experience and training, especially with this type of population. Misuse of this technique could produce difficulties for the clients in their future interactions. The paradox must be set up carefully and completely. The consequence must be well thought out and planned for. Although it can be quite effective when well used, it is not without hazard when used superficially or by those who do not understand the assumptions behind such interventions, and some of the nuances of its execution.

CONCLUSION

It was found, over the course of the year that the use of paradoxical intervention strategies with emotionally disturbed adolescents in this setting was extremely successful. There were few cases where some paradoxical intervention was not effective. Overall, however, the strategies were effective within a very short period of time. The case examples cited in this paper represent a sample of cases and were not selected because they were any more effective than most of the interventions accomplished.

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